

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004261

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: AHEPA NEW SMYRNA MEMORIAL, INC.

**Current Principal Place of Business:**

200 S. RIVERSIDE DR  
#203  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

200 S. RIVERSIDE DR  
#203  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

FEI Number: 59-3330751

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAPPAS, GEORGE S.  
213 SILVER BEACH AVE  
DAYTONA BEACH, FL 32118 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: ILTSOPOULOS, THEODORE  
Address: 2061 S PENINSULA DR  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: PD ( ) Delete  
Name: FUNDOUKOS, THEODORE  
Address: 200 S. RIVERSIDE DR. #203  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD ( ) Delete  
Name: BALEDES, THEODORE  
Address: 4211 GULL COVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD ( ) Delete  
Name: COIDAKIS, DEMETRIOS  
Address: 6 STALLION WAY  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FUNDOUKOS, THEODORE

PD

03/13/2009

Electronic Signature of Signing Officer or Director

Date